



**Public Authority
Provider Registry Application**

784 East Hospitality Lane
San Bernardino, CA 92415-0034
Toll Free: (866) 985-6322 • Fax: (909) 891-9130

Dear Applicant,

Thank you for your interest in the San Bernardino County In-Home Supportive Services (IHSS) Public Authority. Enclosed you will find the following:

- Application
- Reference letter criteria

If you would like to consider becoming a Public Authority provider, you must meet the following requirements:

- Have at least **3 months** of Home Care experience (**Elderly and/or Disabled**).
- Be fluent in English
- Have 2 good references –**1 Professional Letter** (***Please note:** If you have worked for an IHSS client within the past 7yrs or are currently working for an IHSS client you **DO NOT** need to attach a Professional Reference Letter. However, you **MUST** complete the reference section on the application and state the IHSS client(s) name(s) that you have or are currently working for). **1 personal (No relatives or people that live with you)** attached is a summary of what needs to be included on the Letters.
- Present current CA ID/Driver's License
- Pass a screening interview (**dress interview appropriate**)
- Complete Public Authority Handbook review and referral process
- Be fingerprinted and pass a criminal background investigation by the Department of Justice. **State law requires you to pay the cost for fingerprint submission.**
- Adult CPR/First Aid training is required to be on the registry. The Public Authority will register you for CPR/First Aid training as part of the application process once you have passed a criminal background check. (If you have current copies of Adult CPR/First Aid cards, or other certificates please provide them at the time of your screening interview).

Make sure to answer all the questions. Not answering some questions may result in not processing your application. Not submitting a Personal Reference letter may result in the denial of your application. **Remember to sign and date your application.**

Once you complete all steps above, we will mail you a letter to inform you that you are now a **Public Authority Registry Provider** and that we will begin to refer you to IHSS clients for interviews.

Sincerely,

Registry Services

IHSS Public Authority



Please note: If you have worked for an IHSS client within the past 7yrs or currently working for an IHSS client you **DO NOT** need to attach a Professional Reference Letter. (Please include the IHSS client's information in the **Home Care Experience section #5** on your application and make a note: IHSS Client)

PROFESSIONAL REFERENCE LETTER MUST BE IN A LETTER FORMAT

Professional Reference letters must include the following information:

- ◆ Name of the IHSS Client, private client, family member, etc
- ◆ Address
- ◆ Phone Number
- ◆ How long the applicant worked for this client, specify dates.
- ◆ What services was the applicant providing for the client.
- ◆ Signature (client) and date

PERSONAL REFERENCE LETTER MUST BE IN A LETTER FORMAT

Personal References cannot be from family members or anyone residing in your home and must include the following information:

- ◆ Name
- ◆ Address
- ◆ Phone Number
- ◆ How long has this person known the applicant
- ◆ Relationship to the applicant, (Friend, Former boss, Teacher, Co-worker, etc.).
- ◆ Signature (reference person) and date

(Please make sure that reference letters are legible)



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Provider Name _____ Date _____

Address _____ Apt _____ City _____ Zip _____

Mailing Address (if different) _____

Social Security No. _____ Driver's License No _____ State _____ Exp. Date _____

Home Phone (_____) _____ Cell Phone (_____) _____

Emergency Contact Name _____ Phone (_____) _____

E-mail address _____

1. Gender: Male Female

Date of Birth _____

2. Are you a United States Citizen over the age of 18? Yes No

If no, are you a Legal Alien authorized to work in the United States: Yes No

3. What languages do you speak? English Speak Read Write
 Spanish Speak Read Write
 Other _____ Speak Read Write

4. Are you currently working, or have previously worked with an IHSS client?

If so, please provide name of client(s)

Client 1 _____ Client 2 _____ Client 3 _____

5. Current or Most Recent Home Care Experience/Work Experience.

Client/Employer:	From: (Month/Year)	Phone: ()	Office Use Only <input type="checkbox"/> Verified <input type="checkbox"/> Letters Received Initials: _____
Job Title:	To: (Month/Year)		
Address:	City:	State:	Zip:
Duties:		Reason for Leaving:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Client/Employer:	From: (Month/Year)	Phone: ()	Office Use Only <input type="checkbox"/> Verified <input type="checkbox"/> Letters Received Initials: _____
Job Title:	To: (Month/Year)		
Address:	City:	State:	Zip:
Duties:		Reason for Leaving:	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

6. Are you willing to work for men, women, or both? Men Women Both

7. Are you willing to work with clients who may have the following:

Infectious Diseases. Yes No

Mental Illness Yes No

Developmental Disabilities Yes No

8. The following services are **required** to be performed in a client's home (when approved).

- | | | |
|--------------------------|--|-----------------------------------|
| Light Cleaning | Remove Grass/Weeds/Rubbish | Feeding |
| Preparation of Meals | Remove Ice/Snow | Routine Bed Baths |
| Meal Clean-Up | Protective Supervision | Dressing |
| Routine Laundry | Teaching & Demonstration | Menstrual Care |
| Shopping for food | Paramedical Services ** | Ambulation |
| Other Shopping & Errands | (incl. assistance with medications) ** | Moving In/Out of Bed |
| Heavy Cleaning | (e.g. insulin, enemas, etc.) ** | Bathing/Oral Hygiene/Grooming |
| Medical Appointments | Respiration | Rubbing Skin / Repositioning |
| Alternate Resources | Bowel & Bladder Care | Care & Assistance with Prosthesis |

9. Desired hours per week: 10 hours or less/week 10-25 hours/week 25 hours or more/week

10. Are you willing to work "On Call"? Yes No
(Available to work within an hour of being called by a Public Authority representative)

11. Days and hours desired – Please ✓ check the days and times you are available:

- | | | | | | | | |
|-------------------------------|------------------------------|-------------------------------|------------------------------|-------------------------------|------------------------------|------------------------------|------------------------------|
| Mornings (6 a.m.–12 noon) | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thur | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| Afternoons (1 p.m.–5 p.m.) | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thur | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| Evenings (6 p.m.–12 midnight) | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thur | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| Overnight (1 a.m.–6 a.m.) | <input type="checkbox"/> Mon | <input type="checkbox"/> Tues | <input type="checkbox"/> Wed | <input type="checkbox"/> Thur | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |

12. Geographic Preference: (Please only select cities within **20 miles** from your home.)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> <u>Adelanto</u> | <input type="checkbox"/> <u>Colton</u> | <input type="checkbox"/> <u>Joshua Tree</u> | |
| <input type="checkbox"/> El Mirage | <input type="checkbox"/> Bryn Mawr | <input type="checkbox"/> Yucca Valley | |
| <input type="checkbox"/> Palmdale | <input type="checkbox"/> Grand Terrace | | <input type="checkbox"/> <u>Rancho Cucamonga</u> |
| <input type="checkbox"/> Cajon Junction | <input type="checkbox"/> Loma Linda | <input type="checkbox"/> <u>Lake Arrowhead</u> | <input type="checkbox"/> Alta Loma |
| <input type="checkbox"/> <u>Apple Valley</u> | <input type="checkbox"/> <u>Crestline</u> | <input type="checkbox"/> Arrowbear | <input type="checkbox"/> Etiwanda |
| <input type="checkbox"/> <u>Barstow</u> | <input type="checkbox"/> Cedar Pines Lake | <input type="checkbox"/> Cedar Glen | <input type="checkbox"/> <u>Redlands</u> |
| <input type="checkbox"/> Baker | <input type="checkbox"/> Lake Gregory Village | <input type="checkbox"/> Green Valley Lake | <input type="checkbox"/> Mentone |
| <input type="checkbox"/> Hinkley | <input type="checkbox"/> Twin Peaks | <input type="checkbox"/> Running Springs | <input type="checkbox"/> Crafton |
| <input type="checkbox"/> Yermo | <input type="checkbox"/> Rimforest | <input type="checkbox"/> Blue Jay | |
| <input type="checkbox"/> Lenwood | <input type="checkbox"/> Valley of Enchantment | <input type="checkbox"/> <u>Landers</u> | <input type="checkbox"/> <u>San Bernardino</u> |
| <input type="checkbox"/> Fort Irwin | <input type="checkbox"/> Crestpark | <input type="checkbox"/> Johnson Valley | <input type="checkbox"/> Highland |
| <input type="checkbox"/> <u>Big Bear City</u> | <input type="checkbox"/> <u>Devore</u> | <input type="checkbox"/> <u>Lucerne Valley</u> | <input type="checkbox"/> <u>Trona</u> |
| <input type="checkbox"/> Sugarloaf Mountain | <input type="checkbox"/> Lytle Creek | <input type="checkbox"/> <u>Morongo Valley</u> | <input type="checkbox"/> Kramer |
| <input type="checkbox"/> Fawnskin | <input type="checkbox"/> <u>Fontana</u> | <input type="checkbox"/> <u>Needles</u> | <input type="checkbox"/> Red Mountain |
| <input type="checkbox"/> Big Bear Lake | <input type="checkbox"/> Bloomington | <input type="checkbox"/> Havasu Lake | <input type="checkbox"/> <u>Twentynine Palms</u> |
| <input type="checkbox"/> <u>Big River</u> | <input type="checkbox"/> Rialto | <input type="checkbox"/> <u>Newberry Springs</u> | <input type="checkbox"/> Wonder Valley |
| <input type="checkbox"/> Earp | <input type="checkbox"/> <u>Forest Falls</u> | <input type="checkbox"/> Ludlow | <input type="checkbox"/> <u>Upland</u> |
| <input type="checkbox"/> Parker Dam | <input type="checkbox"/> Angelus Oak | <input type="checkbox"/> Nipton | <input type="checkbox"/> Mt. Baldy |
| <input type="checkbox"/> Vidal Junction | <input type="checkbox"/> Oak Glen | <input type="checkbox"/> <u>Ontario</u> | <input type="checkbox"/> San Antonio Heights |
| <input type="checkbox"/> <u>Chino</u> | <input type="checkbox"/> <u>Helendale</u> | <input type="checkbox"/> Guasti | <input type="checkbox"/> <u>Victorville</u> |
| <input type="checkbox"/> Chino Hills | <input type="checkbox"/> Silver Lakes | <input type="checkbox"/> Montclair | <input type="checkbox"/> Desert Knolls |
| <input type="checkbox"/> Pomona | <input type="checkbox"/> Oro Grande | <input type="checkbox"/> <u>Phelan</u> | <input type="checkbox"/> Spring Valley Lake |
| | <input type="checkbox"/> <u>Hesperia</u> | <input type="checkbox"/> Baldy Mesa | <input type="checkbox"/> <u>Wrightwood</u> |
| | <input type="checkbox"/> Oak Hills | <input type="checkbox"/> Pinon Hills | <input type="checkbox"/> <u>Yucaipa</u> |

13. Please answer the following questions:

OTHER RELEVANT INFORMATION:

- a. Do you smoke? Yes No
- b. If yes, will you smoke outside? Yes No
- c. Will you work for a smoker? Yes No
- d. Are you willing to work for a client that has pets? Yes No
- e. Do you have any allergies and/or issues that would affect your ability to work with someone that has: Dogs Cats
 Perfume Cigarettes
 Other _____

PROVIDER REFERENCES:

- f. Do you have access to a car? Yes No
- g. Do you rely on public transportation? Yes No
- h. Are you willing to use your car on the job? Yes No
- i. Are you willing to drive a client's car? Yes No
- j. Have you ever been convicted of a felony or misdemeanor? Yes No
 If yes, list date(s) and conviction(s) _____
- k. Have you been fingerprinted for IHSS? Yes Date _____ No
- l. Did you clear the IHSS background check? Yes No

14. TRAINING AND CERTIFICATION:

Please check if you have had training in this area. (You must have current, valid proof such as a certificate.)

Certified Training:

Completed

Exp. Date

First Aid	_____	_____
CPR (cardiopulmonary resuscitation)	_____	_____
CHH (certified home health aide)	_____	_____
CNA (certified nursing assistant)	_____	_____

Are you interested in Home Care Training? Yes No

15. The IHSS Client is the Employer.

The Public Authority Registry is here to assist IHSS clients in selecting potential providers.

We supply clients with names of pre-screened providers who are available to work.

Do you understand that the Registry does not have or make job offers for the clients? Yes No

Do you understand that the IHSS client is the employer and makes the decision to hire or to terminate a provider's employment, as they desire for any reason? Yes No

Do you understand that an IHSS client may request that you do not smoke, wear perfumes or may make reasonable requests in regards to your personal appearance/hygiene? Yes No

16. How did you hear about the Public Authority?

- IHSS Orientation Job Fair Newspaper Mailer
- Flyer Friend Other _____

I certify that all information on this form is true to the best of my knowledge. I understand that any misrepresentation of information on this form may eliminate me from consideration in the registry. I give the IHSS Public Authority Registry permission to share my contact information in my file with its clients.

Signature _____ Date _____



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RELEASE OF INFORMATION/WAIVER FORM

To Whom It May Concern:

I, **(Print Name)** _____ hereby authorize any representative of the San Bernardino county IHSS Public Authority bearing this release (or a copy of it) to contact any and all references on my application, including personal references, and obtain any information you may have, written or otherwise pertaining to my employment, or personal history, including but not limited to, any and all records and information pertaining to my performance, attendance, investigation, discipline and other personnel matters, criminal history and other personal history. I hereby request and authorize you to release any and all such information to the Public Authority. I also authorize the Public Authority to release any such information to third parties in the course of its operations.

I have listed below all names that I have used during the course of my employment. This authorization and release applies to any and all information that you may have concerning me using any of those names I have listed below.

This authorization and release is executed with full knowledge and understanding that the information to be released is for the official use of the San Bernardino County IHSS Public Authority.

I hereby release and hold harmless the **Public Authority** and **you**, and each of you, and your respective officers, agents, employees and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, successors, assigns, or associates because of your compliance with this authorization and request to release information, or any attempt to comply with it, and/or because of the Public Authority's use of such information for any purpose related to its operations.

Should there be any questions as to the validity of this authorization and release, you may contact me.

Signature

Date